

RECEIVED

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

JUN 26 2008 *aw*

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

David Fuentes

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No:

08C 2789(To be supplied by the Clerk of this Court)

Cook County Sheriff Tom DART, Cook
County D.O.C. Director GORDINEZ,
SUPERINTENDENT THOMAS SNOOKS,
SUPERINTENDENT SALAZAR.

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: David Fuentes
- B. List all aliases: _____
- C. Prisoner identification number: 2007-00-85000
- D. Place of present confinement: Cook County Jail Division 5 (2C)
- E. Address: 2700 So. California Ave.

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: Sheriff Tom DART
 Title: Cook County Sheriff.
 Place of Employment: Cook County
- B. Defendant: GORNINEZ
 Title: Cook County Dept of Corr. Director.
 Place of Employment: Cook County Dept. of Corr.
- C. Defendant: Salazar - (MALE)
 Title: Superintendent Cook County Dept. of Corr.
 Place of Employment: Cook County

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

I. Plaintiff(s):

- A. Name: David Fuentes
- B. List all aliases: _____
- C. Prisoner identification number: 2007-00-85000
- D. Place of present confinement: Cook County Dept. of Corr.
- E. Address: 2700 So. California Ave.

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A.** Defendant: Thomas Snooks
 Title: Superintendent Cook County Dep. of Corr.
 Place of Employment: Cook County
- B.** Defendant: _____
 Title: _____
 Place of Employment: _____
- C.** Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Court of Claims, not known case No.
- B. Approximate date of filing lawsuit: June of 2006
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Self
David Fuentes
- D. List all defendants: Cook County Sheriff's - Michael Sheahn
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Cook County Court of Claims
- F. Name of judge to whom case was assigned: Not Known.
- G. Basic claim made: Property lost at Cook County Dept. of Corr.
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Dismissed.
- I. Approximate date of disposition: Not Known.

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim: PAGE ① of ③

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Related
Claim #1

I arrive to Cook County Jail November 10th, 2007. On November 27th, 2007 I was transferred from Division 5 "tier 2A" to Division 9 "tier 3C". From or around February 5th, 2008 to February 29th, 2008 I had to live in a cell where the toilet was broke. This cell was temporarily close because the toilet constantly flooded it the cell, yet Correctional officers resolved to re-open the cell without the toilet been fixed. It was very uncomfortable to live in that cell because I have to constantly squeeze towels and bed roll sheets issue for personal use due to the flooding caused by flushing the toilet. On several occasions I brought the issue to %Phillips on 1st shift, to Superintendent Salazar and %Ms. Norwood and I was always given the answer that it was going to be taken care of. This never happen while I live there in this cell Division 9 "tier 3C" cell 3361.

Related
Claim #2

On March 30th, 2008 I was moved to Division 5 "tier 2F" to cell upper 3. While living on this cell I filed a grievance form because the ceiling was worn away and tearing apart. Up on the ceiling were two holes, one of the holes was directly on top of my bunk making me vulnerable to roaches that came out and parade around the ceiling.

IV. Statement of Claim: Continue Page (2) of (3)

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Continue
Related
Claim #2

Also debris kept falling on top of me and the bunk. There was also the problem with the asbestos particles flying around inside the cell. "The problem had been there for quite some time" (NOTE: It is in this cell where the issues and problems with sink began)

Related
Claim #3

On April 8th, 2008 I was moved two cells over to "upper 5" on the same tier 2F. I also notice there that neither the sink work and didn't have adequate running water inside (The sink faucet only shooted cold water through the air) - The ventilation sistem didn't work adequately neither

On April 25th 2008 I was moved to "tier 2M" upon entering my cell I notice again that the ventilation sistem wasn't working properly and both sink and toilet had serious problems. The sink only have hot water that when I pushed the botton will shoot through the air. The toilet will stay running at times.

On May 14 2008 The cell flooded because the toilet stayed running. % Lopez on 2nd Shift was notified, yet he didn't attempt to move us out.

On May 15 2008 after the 1st shift count (7:00AM) I told the officer on duty to take notice of all the water inside the cell and coming out from under the cell door down to the lower gallery. As a result I was moved to other wing (16 hours later)

I arrived to "tier 2C" on May 15th, 2008 (upon entering my assigned cell (lower 4)

I notice once again that the sink only produce cold water inside the cell.

This sink faucet also shoots the water up in the air with such high pressure that I am force to put a juice container to cover the faucet to keep it from shooting. A grievance form was filed on June 3th, 2008, yet it still pending a written response about the matter.

EXHIBIT
A

There is numerous cells that their sink faucets shoot the water up in the air and onto the floor, there is also flooding in some cells as well due to plumbing problems in the building as well as leakage issues from under the toilets and sinks attached to the walls. The tiers sometimes get flooded due to serious issues with the plumbing system in the building that has been going on for quite some time. The cells I have "lived" and was assign to did not have properly and adequately running water. (Some didn't have hot water running, some cold water)

The situation is currently ongoing and extremely difficult to deal with at times. I had filed numerous grievances about the matters and issues in question in regard to the water that we should not be deprived of and the ventilation system that should be blowing and extracting the air ^{properly} so it won't be moisty. The Cook County Jail created it a system in which detainees should remain and be locked up in their cells "18 hours" a day. The currently issues describe in part only the matters of broken sinks, ~~and~~ toilets, ~~and~~ ventilation and adequate running water (Hot and Cold) inside the cells.

* There is massive rat (fruit flies) infestation on our tiers and inside the cells, there is roaches parading around the walls and floors and massive mice infestation as well.*

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I WOULD LIKE THIS COURT TO VIRTUALLY ASSURED ME THAT THIS
ATTITUDE AND PRACTICES BY COOK COUNTY JAIL DOESN'T GO UNRESOLVED.
TO HOLD THEM LIABLE FOR COMPENSATORY MONEY. "TO PLEASE LOOK INTO
THIS MATTER AND GRANT "INJUNCTIVE RELIEF", SO THAT OTHERS
WOULD NOT EXPERIENCE THE SAME. THIS ATTITUDE IS UNFAIR, -
UNREASONABLE AND INADEQUATE."

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 19th day of June, 2008

David Fuentes
 (Signature of plaintiff or plaintiffs)

David Fuentes
 (Print name)

2007-00-85000
 (I.D. Number)

Division 5 (2C)

P.O. Box 089002

Chicago, Illinois 60608
 (Address)

OF COUNTY OF PEARSONE, IN THE
 YEAR OF THE NINETEENTH HUNDRED

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REMARKS OF THE CAPTAIN: I arrive to tier (2C) on the 11th of May. I was assigned cell (lower) I checked the water and hot water running on the inside cell sink. There was no hot water. The cold water button it shot out in 10 degrees and I turned it off. The cold water stays running all the time. I asked my cell mate to properly sanitize with bleach. I reported that the infestation flying around inside my cell. I asked my cell mate would at least be given the proper tools to properly sanitize with sanitizers to properly disinfect and clean the toilet inside cell. No human should be force to endure such conditions under this inhuman and unfair conditions. I was asked

including the "Hott Over" with the Hot Over the Hill

CONCLUSIONS AND FUTURE RESEARCH

EXHIBIT
EXHIBIT 8

Part A / Control #

X

Referred To:

☐ Processed as a request.**COOK COUNTY DEPARTMENT OF CORRECTIONS
DETAINEE GRIEVANCE**Detainee Last Name: Fuentes First Name: DavidID #: 2007 -10- 85000 Div.: 5 Living Unit: 2C Date: 05/26/08

BRIEF SUMMARY OF THE COMPLAINT: In summary: The light in the shower doesn't work, everytime it's fixed it goes out in one or two days. Only one shower head works, all the others just dribble water. We need TBA disinfectant, Bowl cleaner for the dayroom toilets and cell toilets. Also general purpose cleaner for the floors in and out of our cells. There is a masive rat (fruit fly) infestation on our tier and in my cell. Also the water in the bathroom (dayroom) sink doesn't turn off causing the floor to be flooded all the time, which is danger to Slip and fall. One of the urinals doesn't work and has a nasty smell coming from it, which caused us to use a bag to cover it up. These issues have been going on long before I got to this tier and haven't been taken care of. "When are they going to be addressse before we catch a disease in here or hurt ourselves from a unsafe environment?"

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT

J. Sweezer ID# 2008-00-83783

ACTION THAT YOU ARE REQUESTING: TO MAKE UP FOR US TO USE THESE DISINFECTANTS TO CLEAN OUR CELL TOILET AND GENERAL DAYROOM. ALSO, TO FIX THE MATERS EXPRAINED BRIEFLY IN THE COMPLAINT.

DETAINEE SIGNATURE: David Fuentes

C.R.W.'S SIGNATURE: _____

DATE C.R.W. RECEIVED: _____

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)

EXHIBIT

EXHIBIT
EXHIBITS

PART - C

C.C.D.O.C. DETAINEE GRIEVANCE PROCESSED AS A REQUEST

* Please note: When processed as a request, PART - B is not applicable *

Detainee's Last Name: Tuente First Name: DavidID#: 2007-0089000 Div: 5 Tier/Living Unit: 2CDate of Request: 5/20/08 Date C.R.W. Received Request: 5/29/08This Request has been processed by: M. MacFarlane C.R.W.

Summary of Request:

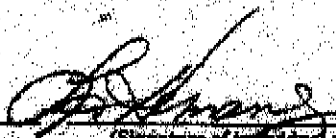
Detainee requesting cleaning supplies and work orders submitted to improve the living conditions on the Tier.

Response and/or Action Taken:

WORK ORDERS HAVE BEEN SUBMITTED AS OF 5 JUNE 08 FOR THE FOLLOWING PLUMBING THAT NEEDS TO BE ADDRESSED. TIER 2C HAS BEEN GIVEN CHEMICALS TO PROVIDE PROPER CLEANING OF SAID TIER.

LT. HERNANDEZ

(Print name of individual responding)



(Signature of individual responding)

Date: 6/5/08 Div./Dept. 5

EXHIBIT

Part A - Complaint

Referred to:

☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Fuentes First Name: David

ID #: 2007 -00 85000 Div.: 5 Living Unit: 2 C Date: 06/08/2008

BRIEF SUMMARY OF THE COMPLAINT: On May 1st I was getting ready to go to Court at around 4:30 A.M. I was at the wash station located on the general restroom. This wash station has been reported to get the plumber come fix the problem because it stays on all the time sprinkling water over the floor making it wet, slippery and dangerous for people when they there. As I was washing my face and brushing my teeth inside the restroom I slipped and fell hitting my left knee as I was falling to the wet floor. I immediately felt something popping out and I began to feel in pain. I still was able to walk to Court and I resolved to request medical attention after my Court. I turned 1 (one) medical slip to % Almeida on 1st shift but I was never called. Then on June 5th 1 (one) more to % Butler and I'm still haven't been taking to get X ray it.

It has passed 45 days since this incident and my knee still hurts. A bump is sticking out. I don't know what it is.

ACTION THAT YOU ARE REQUESTING:

To Please take me to CERMAK and be examined by the Doctor

DETAINEE SIGNATURE: David Fuentes

C.R.W.'S SIGNATURE: _____

DATE C.R.W. RECEIVED: _____

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

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EXHIBIT

C.C.D.D.C. DETAINEE GRIEVANCE / RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE LIFE OR HEALTH OF THE

Detainee's Last Name: TURKES First Name: DAVID ID: 107-0015002Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges lack of medical attention.C.R.W. Referred Griev. To: PRIMAL Date Referred: 6/13/08Response Statement: Referred to Dr. Physician, Patient Care Services

(print - name of individual responding to this griev.)

(signature of individual responding to this griev.)

Date: 6/16/08 Div./Dept: HS

(print - name of Supt. / Designee / Dept. Admin.)

(signature of Supt. / Designee / Dept. Admin.)

Date: 6/18/08 Div./Dept: CDC 5

(print - name of Prog. Serv. Admin. / Asst. Admin.)

(signature of Prog. Serv. Admin. / Asst. Admin.)

Date: 6/17/08Date Detainee Received Response: 6/18/08 Detainee Signature: [Signature]

REQUEST FOR AN APPEAL

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: / / Detainee's Basis For An Appeal: Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☐Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator: Appeal Board's Signatures / Dates: Date Detainee Rec'd the Appl. Bd.'s Response: / / Detainee Signature: GRIEVANCE CODE(S):

(WHITE COPY - PROG SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION SPT. OFFICE)